	U 90 40	45				\mathtt{Dr}_{ullet} , $\mathbb F$	ו בו	LISUV
THE OWN	V 22 1951	STANDARD CERTI	IFICATE OF DE	ATH	State	File No		222
BIRTH NO	· · · · · · · · · · · · · · · · · · ·	_ REG. DIST. NO. 128	_ PRIMARY REG. DIST.	. mo. 2	DO O Regi	istear's Na	30	1
I. PLACE OF DE	ATH		2 USUAL RESID	DENCE (Where deceased !	ived. If in	etitutlen:	residence be
a. COUNTY Gr	reene		a. STATE Miss	ouri	b. CO	UNTY Ch	rist	iah
b. CITY (If outside ed	orpurate limite, write R		F c. CITY (If outside on					023
TOWN Sp	ringfiele	d Life	_ town Sp	okane	<u> </u>			
INSTITUTION		nativation, give street address or location) n's Hospital	d. STREET ADDRESS	(If rural,	give location)			,
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)		4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Harold		Lloyd		OF DEATH	Jan.	15.	195
5, SEX 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	1.8 DATE OF BIRTH		9. AGE (In ye	ATS OF CHOCK		F SHOER IS E
Male	White	Married /	0ct.13. 18	897	lest birthdar)	Months	Days	Hours Mi
Oa. USUAL OCCUPATION do not design the design of working most of working the second se	ON (Give kind of work	10b. KIND OF BUSINESS OR IN	- II. BIRTHPLACE (State	o or foreign o	ountry)	-	12. CITI	ZEN OF WH
Farmer	ing tile, even it retired)	Farm	Springf	ield.	Misson	,슈숙	COUN	S.A.
Ba. FATHER'S NAME		13b. MOTHER'S MAIDE			E OF HUSBAN			
C, P. Ll	.ovd	Catherine	L. Hobson		_	Loyd	_	
5. WAS DECEASED EVE	FR IN II S ARMED E	FORCEST IS SOCIAL SECTIOITY	17. INFORMANT	S SIGN	ATURE OR N	AME		DDRESS
Yes, no, or unknown) (If	: Aeer MAPAREL OL QUES	of service) Unknown NO.	Mrs Emma			kane		
18. CAUSE OF DEATH Enter only one cause per	1. DISEASE OR CO		CERTIFICATION	ŧ		1 %	INTER	VAL BETWEE
ine for (a), (b), and (c)	DIRECTLY LEADS.	NG TO DEATH (a)	railio, sa k	suc,	Modera	relion	4_2	MO
*This does not mean	ANTECEDENT CA	uses	7-	,			1	
he mode of dying, such	Morbid conditions	, if any, gioing DUE TO (b)	<u> </u>				-	
s heart failure, asthenia, ic. It means the dis-	rise to the above ca the underlying caus	tuse (a) matina			-	• • • • • •	ľ	
ase, injury, or complica-	Í 	DUE TO (c)					1 4	<u> </u>
on which caused death.	II. OTHER SIGNIF	ICANT CONDITIONS	,				·	
			onekopn	elum	wice	•	20	lage
9a. DATE OF OPERA-	Conditions contributelated to the disease	uting to the death but not see or condition causing death. DINGS OF OPERATION	onehopn	lum	unia	,	20. AU	TOPSY?
Da. DATE OF OPERATION	Conditions contributelated to the disease	uting to the death but not see or condition causing death.	onehopn	lum	wide	•		
TION	Conditions contributed to the disease 19b. MAJOR FIND	uting to the death but not see or condition causing death. DINGS OF OPERATION 21b. PLACE OF INJURY (e.g., is or about	21c. (CITX: TOWN OR			DUNTY)	YES	TOPSY? NO [STATE)
TION	Conditions contributed to the disease 19b. MAJOR FIND	nating to the death but not to condition causing death. DINGS OF OPERATION	21c. (CITX: TOWN OR				YES	[2]∕ NO [
TION 1a. ACCIDENT SUICIDE HOMICIDE 1d. TIME (Month)	Conditions contributed to the disease 19b. MAJOR FIND (Specify)	nating to the death but not see or condition causing death. DINGS OF OPERATION LID. PLACE OF INJURY (e.g., to or about some, farm, factory, street, office bidg., eac) Hour) 21e. INJURY OCCURRED	21c. (CITX: TOWN OR	TOWNSHIP			YES	[2]∕ NO [
Ia. ACCIDENT SUICIDE HOMICIDE	Conditions contributed to the disease 19b. MAJOR FIND (Specify)	uting to the death but not see or condition causing death. DINGS OF OPERATION LID. PLACE OF INJURY (e.e., in or about nome, farm, factory, street, office bidg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP			YES	[2]∕ NO [
TION Ita. ACCIDENT SUICIDE HOMICIDE Id. TIME (Mosth) OF INJURY	Conditions contributed to the disease 19b. MAJOR FIND (Bpecity) 2 b (Day) (Year) 4 (E	nating to the death but not see or condition causing death. DINGS OF OPERATION PLACE OF INJURY (s.g., in or about nome, farm, factory, street, office bidg., etc.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE AT WORK	21c. (CITY, TOWN, OR 21c. HOW DID INJURY	TOWNSHIP	M, E	DUNTY)	YES (S	No [STATE)
TION Ita. ACCIDENT SUICIDE HOMICIDE Id. TIME (Month) OF INJURY 2. I hereby certify t	Conditions contributed to the disease 19b. MAJOR FIND (Bpecity) 2 (Day) (Year) 46 that I attended the	puting to the death but not the or condition causing death. DINGS OF OPERATION PID. PLACE OF INJURY (s.g., in or about home, farm, factory, street, office bidg., etc.) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE MORK The deceased from OPERATION	21c. (CITY, TOWN, OR 21c. HOW DID INJURY	TOWNSHIP OCCUR?	J. 105/, 1	DUNTY) Lec	t saw th	No [STATE)
TION Ita. ACCIDENT SUICIDE HOMICIDE Id. TIME (Mosth) OF INJURY	Conditions contributed to the disease 19b. MAJOR FIND (Bpecity) 2 (Day) (Year) 46 that I attended the	cating to the death but not be or condition causing death. DINGS OF OPERATION DINGS OF OPERATION DID, PLACE OF INJURY (e.e., to or about home, farm, factory, street, office bidg., res) Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK The deceased from Olley (A. and that death occurred at	21c. (CITY, TOWN, OR 21c. HOW DID INJURY 21c. HOW DID INJURY 21c. HOW DID INJURY 21c. 19 5 D to January	TOWNSHIP OCCUR?	M, E	DUNTY) Lec	t saw the	No [STATE) MAC Me decease
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TION Ita. ACCIDENT SUICIDE HOMICIDE Id. TIME (Month) OF INJURY 2. I hereby certify t alive on the control of	Conditions contributed to the disease 19b. MAJOR FIND (Bpecily) 2 (Day) (Year) CE that I attended the state of the stat	puting to the death but not not not not not not not not not no	21c. (CITY. TOWN OR 21c. HOW DID INJURY 21c. HOW DID INJURY 21c. A m., som ti 23b. ADDRESS RY OR CREMATORY	TOWNSHIP OCCUR? Me causes 24d. LOCA	and on the d	DUNTY) Linat I las late states	t saw the dabove.	NO STATE) Me decease ATE SIGNED (State)
TION I.a. ACCIDENT SUICIDE HOMICIDE Id. TIME (Month) OF INJURY 2. I hereby certify t alive on Company 3a. SIGN TURB. M. BURIAL CREMA- ION, REMOVAL (Booth) DUITAL	Conditions contributed to the disease 19b. MAJOR FIND (Bootly) 2 (Day) (Year) CE that I attended the second the second that I attended the second the second the second that I attended the second the second t	PRINTED BY THE BOOK TO THE BOO	21c. (CITY, TOWN, OR 21c. HOW DID INJURY 21c. HOW DID INJURY 21c. HOW DID INJURY 21c. CITY, TOWN, OR 21c. HOW DID INJURY 21c. HOW DID INJURY 21c. CITY, TOWN, OR 21c. HOW DID INJURY 21c.	TOWNSHIP OCCUR? Lu /S he causes 24d. Loca Spr:	and on the d	hat I las late states	t saw the dabove.	NO STATE) Me decease ATE SIGNED (State)
TION a. ACCIDENT SUICIDE HOMICIDE d. TIME (Mosth) OF INJURY c. I hereby certify t alive on the	Conditions contributed to the disease 19b. MAJOR FIND (Breedly) 2 (Day) (Year) (E	PRINTED BY THE BOOK TO THE BOO	21c. (CITY. TOWN OR 21c. HOW DID INJURY 21c. HOW DID INJURY 21c. A m., som ti 23b. ADDRESS RY OR CREMATORY	TOWNSHIP COCUR? Cu / S he causes 24d. Loca Spr: Tor's si	and on the difference ingfiel	hat I las late states	t saw the dabove.	NO STATE) Me decease ATE SIGNER (Blate) uri

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the rev	erse side of this certificate was embalmed by me, or by
working under my personal supervision.	Student imbalmer No
	igned Deve Jahmeyes
Signed	Licensed Embalmer No. 473
•	P. O. Addresspringfill
Note: The above MUST BE SIGNED BY THE LICENSED I	EMBALMER in his OWN HANDWRITING. Wailure to comply w

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.